KAIE	E E	ATION FE	EE DETERM ecember 8, 2	INATION R	EC	ORD		[h:	· 0		0
		•	ED - PART	(Column 2)		SMA	LLEN	TITY	<u>080</u>	0990 OTI	IER TH
TOTAL CLAIMS				The series were depicted.		TYP	-		ÒF	SMA	LL ENT
FOR		NUN	MBER FILED	NUMBER EXT			***		7	TAPE	
TOTAL CHARGEABLE CLAIMS			7 mlnus 20=	* W	MOCH EXTRA		C FEE	150.00	OR	BASIC F	EE 300
INDEPENDENT CLAIMS		77		* 29	·	X\$	25=		OR	X\$50	=
MULTIPLE DEPENDENT CLAIM PF		IM PRESENT	minus 3 =	3_		X10	00=		OR	X200=	-
	· · · · · · · · · · · · · · · · · · ·				· .	+18	0=		1	+360≐	-
u me amerei				'0" in column 2	<u>}</u>	TOT			OR		_
:	CLAIMS A	S AMEŅD	ED - PART	II-			' "- L-		OR	TOTAL	ļ
Tilch	(Column CLAIMS	.	(Column HIGHES	(Column	n 3)	SMA	LL EN	TITY.	OR	SMALL	R THAN ENTIT
11/5/07	REMAININ AFTER		NUMBE PREVIOU	R PRESEN		RAT		DDI- DNAL		DATE	ADD
Total	* 30	Minus	PAID FO)R	`-	-	- F	EE		RATE	TION
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	(Column 1) CLAIMS		(Column :	2) (Column :	3)	-			, 40	O(T. FEE	
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Total	*	Minus	PAID FOR		-		FE			RATE	TIONAL FEE
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ta!	AMENDMENT		PAID FOR	EXTRA		RATE	TIONA FEE		R/	TE T	IONAL FEE
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